



CALIFORNIA STATE EMPLOYEES CHARITABLE CAMPAIGN

2006 PRINCIPAL COMBINED FUND DRIVE APPLICATION INSTRUCTIONS

GENERAL INFORMATION:

California Government Code section 13923 and Title 2, California Regulations, section 633.9, govern the solicitation of State off employees for charitable purposes and allow for payroll deductions the solicitation. State officers and employees may be solicited (Victim Compensation and Government Claims Board (VCGCB) Principal Combined Fund Drive (PCFD).

FILING DEADLINE:

Postmarked no later than March 1, 2006

Applications received with a postmark after the March 1, 2006, may be denied for lateness.

DOCUMENTS NEEDED:

1. Copy of 501(c)(3) exemption letter from the Internal Revenue Service (I.R.S.) for each applicant **AND**

If the organization name does not match that stated on the 501(c)(3):

2. Fictitious Business Name Statement
3. Copy of the Articles of Amendment OR
4. Copy of amended 501(c)(3) document from I.R.S. OR
5. Other legal documentation for the name change.

Notes:

- ☞ Facsimile applications are **not** acceptable. Photocopies of the application are acceptable only with an **original** signature.
- ☞ Any blank areas may result in the application being returned for incompleteness. If an item does not apply to your organization, write "n/a" on the blank. All applications must be **complete** and filed by the deadline in order for consideration.

FOR PCFD AND AFFILIATE APPLICATIONS:

A. LEGAL NAME *(required)*

The legal name of the organization, as indicated on the 501(c)(3) document, must be provided on this line.

Pursuant to the legal authority of Government Code section 13923 and Title 2, California Code of Regulations, section 633.9, the organization indicated in this section applies to the VCGCB to (1) be included, by name, in the literature distributed during the 2006 California State Employees' Charitable Campaign (Campaign) and (2) receive contributions that State officers and employees may designate to the organization.

B. OTHER NAME

- If the organization name does not match the name on the 501(c)(3) letter, is known by another name or you would like contributions directed to a specific program within your organization, please complete this section by placing a check mark in the appropriate box.
- If your organization is commonly known (or "a.k.a.") by another name, but has not legally changed the name, please indicate "a.k.a." by checking the appropriate box.

- Organization name changes **REQUIRE** that supporting documentation, i.e., fictitious business name statement, articles of amendment, etc., be submitted with your application.

C. PHYSICAL ADDRESS *(required)*

- Please indicate if this address should be used for all mailing purposes by placing a check mark in one of the appropriate boxes.
- The mailing address will appear in the Brochure.
- If you do not wish the address to be released to the public, you must provide a Post Office Box number in section D as your mailing address.

D. P.O. BOX INFORMATION

- Please indicate if this address should be used for all mailing purposes by placing a check mark in one of the appropriate boxes.
- The mailing address will appear in the Brochure.
- If you do not wish the address to be released to the public, you must provide a Physical Address in section C as your mailing address.



E. CONTACT INFORMATION

- Name
- Title
- Phone Number (please do not use acronyms)
- Email Address
- Web Address

F. AFFILIATE INFORMATION (PCFDs only)

Specify the number of affiliated member agencies applying for the 2006 Campaign.
(Include an alphabetized listing of all member agencies.)

G. (ITEM "F" FOR AFFILIATES)**DESCRIPTION OF ACTIVITIES**

Please provide a statement, no longer than 25 words in length¹, describing your organization's activities. DO NOT include the name of your organization in your statement. A web address may be included and will not be counted as part of the 25-word statement. Your description **may** be included in the local Campaign brochures.

Previous applicants: Last year's statement is pre-printed. Modifications may be made by lining out information and writing in the desired wording. If this section does not include a pre-printed statement, please provide a new description on the lines provided or attach a separate sheet.

H. AREAS OF SOLICITATION (PCFDs only)

Determine the counties in which your organization wishes to solicit contributions. In addition, if your organization normally solicits specific regions within a county, please indicate the areas of solicitation on an attached sheet.

I. FEES AND EXPENSES (PCFDs only)

Estimate the percentage of contributions used for fundraising and administrative expenses for Affiliate Member agencies and Non-Affiliate agencies. PCFDs submitting expenses in excess of 18% must include a detailed justification on a separate sheet.

J. (ITEM "G" FOR AFFILIATES)**CONDITIONS FOR APPROVAL****K. SIGNATURE**

The signature of an authorized officer signifies the organization's agreement to the conditions for approval.

¹ The VCGCB will edit any statement that uses special fonts or exceeds 25 words.